CHRISTIAN HERITAGE SCHOOL

2025 26th Street, Brandon, Manitoba, R7B 3Y2
Phone (204) 725-3209, Fax (204) 728-9641
Email office@chsbrandon.ca, www.chsbrandon.ca

2023-2024 Student Registration Form

(One form per student - please include a copy of student's birth certificate)

Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Common name called: _____ Gender □ Male □ Female

Birth Date (dd/mm/yyyy): _____ Present Age: _____ Desired Start Date: _____

Entering Grade: _____ If Kindergarten, indicate Mornings only or Full Day: _____

Birthplace: _____ Language(s) spoken at home: _____

Citizenship Status: □ Canadian Citizen Date of entry if not born in Canada (dd/mm/yyyy): _____

□ Visitor Record Expiry Date (dd/mm/yyyy): _____

□ Permanent Resident Date of Entry (dd/mm/yyyy): _____

□ Refugee Date of Entry (dd/mm/yyyy): _____

Student lives with: □ Father & Mother □ Father □ Mother □ Other: _____

Mother: _____ Cell:_____ E-Mail: _____

Father: _____ Cell: _____ E-Mail: _____

Address:_____Postal Code:_____

School History

(for students entering Grades 1-8 only)

Name of current or most recent school: _____

Street Address: _____

City: _____ Province: _____ Country: _____

School Division: _____ School Phone: _____

Teacher's Name: _____ Principal's Name: _____

Last Grade Completed: _____ *MET Number: _____

**A MET number is your child's Manitoba Education Tracking number. It likely can be found on his or her report card, or from the administrative office of the school your child attends. If you are new to Manitoba, please leave this blank.*

Has the student ever:

□ Been suspended □ Repeated any grade

□ Been refused admission to, or dismissed/expelled from, another school

Comments:

_____

_____

_____

Please indicate if the student has utilized any of the following services:

□ Resource Assistance
□ Reading Recovery Support
□ Speech & Language
□ Behavioural Support / BIP
□ Level 2 or 3 Funding
□ Gifted / Enrichment
□ Social work
□ Occupational Therapy
□ Physiotherapy
□ Psychological
□ Professional Clinical Diagnosis (attach)
□ Professional Counselling
□ Outside Agency
□ Other: _____

If any services above are checked, please complete the info below. Provide more info if necessary.

1) Name of Agency / Support Service: _____

Address: _____ City: _____

Name of Contact Person: _____ Phone: _____

Briefly describe the reason for service:

_____

_____

_____

2) Name of Agency / Support Service: _____

Address: _____ City: _____

Name of Contact Person: _____ Phone: _____

Briefly describe the reason for service:

_____

_____

_____

Medical Information

The parent(s) / guardian(s) are responsible to provide the school office with any updated medical information as soon as possible.

Family Doctor: _____ Phone Number: _____

Student's 9-digit MB Medical Number: __ __ __ __ __ __ __ __ __

Family 6-digit MB Medical Number: __ __ __ __ __ __

Does the student have a Unified Referral & Intake System (URIS) form on file with another school or Public Health? □ Yes □ No

Please state any medical conditions that CHS should be aware of:

(Check Yes or No. If Yes, add comment and supporting documentation or information)

Allergy	□ Yes □ No	Comment:
EpiPen	□ Yes □ No	Comment:
Asthma	□ Yes □ No	Comment:
Bleeding Disorder	□ Yes □ No	Comment:
Diabetes	□ Yes □ No	Comment:
Heart Condition	□ Yes □ No	Comment:
Seizure Disorder	□ Yes □ No	Comment:
Vision Impairment	□ Yes □ No	Comment:
Hearing Impairment	□ Yes □ No	Comment:
Other **significant** conditions that are physician diagnosed (i.e. ulcerative colitis, Crohns, transplants, spina bifida, permanent physical limitations, mental illness, etc.):		

In the event that I cannot be reached at the time of an accident, I hereby authorize the staff of Christian Heritage School to call an ambulance to provide first aid and transportation to Brandon Regional Hospital for treatment for my child.

Parent Signature: _____ Date: _____

Emergency Contact

Please list two people (other than parent(s) / guardian(s)) who can take immediate action in the event the school personnel are unable to contact parent(s) / guardian(s) in the event of an emergency.

Name:	Phone Number(s):	Relationship to Student:	Available Daytime:	Lives with Student:	Aware of this responsibility:
			□ Yes □ No	□ Yes □ No	□ Yes □ No
			□ Yes □ No	□ Yes □ No	□ Yes □ No

Aboriginal Identity Declaration

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Aboriginal learners. (Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)

I, _____ (name of parent / guardian, please print clearly):

- ☐ Am submitting my child's Aboriginal Identity for the first time
- ☐ Am making changes to my child's Aboriginal Identity Declaration
- ☐ Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time

Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis or Inuk (Inuit)?
Note: First Nations (North American Indian) includes Status and Non-Status Indians. If "Yes", mark the square(s) that best describe(s) your child now:

- ☐ Yes, First Nation (North American Indian)
- ☐ Yes, Métis
- ☐ Yes, Inuk (Inuit)

Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to two choices:

- ☐ Anishinaabe (Ojibway/Saulteaux)
- ☐ Ininiw
- ☐ Dene (Sayisi)
- ☐ Dakota
- ☐ Oji-Cree
- ☐ Michif
- ☐ Inuktitut
- ☐ Other – please specify: _____